

1191 136 015

**DECLARATION OF INVENTORSHIP AND POWER OF ATTORNEY**  
**FOR UNITED STATES PATENT OR DESIGN APPLICATION**

Attorney Docket No. 12287

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

ARRANGEMENT FOR AN INTEGRAL TWO STAGE EJECTOR  
the specification of which

(check one) ☒ is attached hereto.  
☐ was previously filed. U.S. serial number not yet available to applicant. A copy of the specification as filed is attached for identification purposes.  
☐ was filed on . . . . . Attorney Docket No. ....  
☐ was filed on . . under Application Serial No. ....

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information which is material to Patentability as defined in 37 CFR § 1.56.

I hereby claim foreign priority benefits under 35 USC § 119 or 35 USC § 172 of any foreign application(s) listed below.

Prior Foreign Application(s):

<u>APPLICATION NUMBER</u>	<u>COUNTRY</u>	<u>FILING DATE</u> (Day/Month/Year)
0102371-2	Sweden	2 July 2001

I hereby claim the benefit under 35 USC § 120 of any United States application (s) listed below, and any prior filed International application under 35 USC § 365 listed below, and insofar as the subject matter of each of the claims of this application is not disclosed in the prior application. I acknowledge the duty to disclose to the Office information which is material to patentability as defined in 37 CFR § 1.56 which became available between the filing date of the prior application and the filing date of this application

<u>APPLICATION NUMBER</u>	<u>FILING DATE</u> (Day/Month/Year)	<u>STATUS</u> (Patented, Pending, Abandoned)

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: GEORGE F. DVORAK (17656), KEITH H. ORUM (33985), THOMAS J. SCHAB (35908), SUSAN M. KEATING (41887).

Address all telephone calls and correspondence to:

DVORAK & ORUM  
53 West Jackson Boulevard  
Chicago, Illinois 60604-3606  
Telephone No. 312 922 6262  
Fax No. 312 922 7747

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 USC 1001, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full name of sole or first inventor: Hans Müller  
Inventor's signature: *Hans Müller* Date: 2007-06-27  
Residence (City & Country): Frufällan, Sweden Citizenship: Sweden  
Post Office Address: Pejlingsvägen 6, SE-506 70 FRUFÄLLAN, Sweden

Full name of second joint inventor, if any :  
Inventor's signature: Date:  
Residence (City & Country): Citizenship:  
Post Office Address :

Full name of third joint inventor, if any :  
Inventor's signature: Date:  
Residence (City & Country): Citizenship:  
Post Office Address :

Full name of fourth joint inventor, if any :  
Inventor's signature: Date:  
Residence (City & Country): Citizenship:  
Post Office Address :

Full name of fifth joint inventor, if any :  
Inventor's signature: Date:  
Residence (City & Country): Citizenship:  
Post Office Address :

Full name of sixth joint inventor, if any :  
Inventor's signature: Date:  
Residence (City & Country): Citizenship:  
Post Office Address :

Full name of seventh joint inventor, if any :  
Inventor's signature: Date:  
Residence (City & Country): Citizenship:  
Post Office Address :